

INTERNET  
FORM NLRB-501  
(2-08)UNITED STATES OF AMERICA  
NATIONAL LABOR RELATIONS BOARD  
**CHARGE AGAINST EMPLOYER****DO NOT WRITE IN THIS SPACE**Case  
08-CA-252100Date Filed  
11/20/19**INSTRUCTIONS:**

File an original with NLRB Regional Director for the region in which the alleged unfair labor practice occurred or is occurring.

**1. EMPLOYER AGAINST WHOM CHARGE IS BROUGHT**

a. Name of Employer University Hospitals		b. Tel. No. (216) 844-7868
		c. Cell No.
		f. Fax No.
d. Address (Street, city, state, and ZIP code) 11100 Euclid ave OH Cleveland 44106-1716	e. Employer Representative	
	g. e-Mail	
	h. Number of workers employed 28000	
i. Type of Establishment (factory, mine, wholesaler, etc.) Healthcare	j. Identify principal product or service	
k. The above-named employer has engaged in and is engaging in unfair labor practices within the meaning of section 8(a), subsections (1) and (list subsections) of the National Labor Relations Act, and these unfair labor practices are practices affecting commerce within the meaning of the Act, or these unfair labor practices are unfair practices affecting commerce within the meaning of the Act and the Postal Reorganization Act.		

**2. Basis of the Charge (set forth a clear and concise statement of the facts constituting the alleged unfair labor practices)**

--See additional page--

**3. Full name of party filing charge (if labor organization, give full name, including local name and number)**

(b) (6), (b) (7)(C)

Title:

**4a. Address (Street and number, city, state, and ZIP code)**

(b) (6), (b) (7)(C)

**4b. Tel. No.**

(b) (6), (b) (7)(C)

**4c. Cell No.****4d. Fax No.****4e. e-Mail**

(b) (6), (b) (7)(C)

**5. Full name of national or international labor organization of which it is an affiliate or constituent unit (to be filled in when charge is filed by a labor organization)****6. DECLARATION**

I declare that I have read the above charge and that the statements are true to the best of my knowledge and belief.

By (b) (6), (b) (7)(C)

(signature of representative or person making charge)

Title: (b) (6), (b) (7)(C)

(Print/type name and title or office, if any)

Address (b) (6), (b) (7)(C)

11/19/2019 22:56:30  
(date)**Tel. No.**

(b) (6), (b) (7)(C)

**Office, if any, Cell No.****Fax No.****e-Mail**

(b) (6), (b) (7)(C)

**WILLFUL FALSE STATEMENTS ON THIS CHARGE CAN BE PUNISHED BY FINE AND IMPRISONMENT (U.S. CODE, TITLE 18, SECTION 1001)****PRIVACY ACT STATEMENT**

Solicitation of the information on this form is authorized by the National Labor Relations Act (NLRA), 29 U.S.C. § 151 et seq. The principal use of the information is to assist the National Labor Relations Board (NLRB) in processing unfair labor practice and related proceedings or litigation. The routine uses for the information are fully set forth in the Federal Register, 71 Fed. Reg. 74942-43 (Dec. 13, 2006). The NLRB will further explain these uses upon request. Disclosure of this information to the NLRB is voluntary; however, failure to supply the information will cause the NLRB to decline to invoke its processes.

## Basis of the Charge

### 8(a)(1)

Within the previous six-months, the Employer has interfered with, restrained, and coerced its employees in the exercise of rights protected by Section 7 of the Act by maintaining work rules that prevent or discourage employees from engaging in protected concerted activities.

Work Rule
interfered with exercising rights protected by (b) (6), (b)

## **Additional Information in Support of Charge**

**Charging Party Name :** (b) (6), (b) (7)(C)

**Inquiry Number :** (b) (6), (b) (7)(C)

**Date Submitted :** 11/19/2019 22:56:30

Please provide a brief description of the specific conduct involved in your charge. The information you provide may be viewed by the charged party in the event of a formal proceeding, so PLEASE DO NOT GIVE A DETAILED ACCOUNT OF YOUR CHARGE OR A LIST OF POTENTIAL WITNESSES AT THIS TIME. A Board Agent will contact you to obtain this and other detailed information after your charge is docketed. After you submit this E-Filed Charge form, you will receive a confirmation email with an Inquiry Number (Sample Inquiry Number: 1-1234567890) and a link to the E-Filing web page. You may use the link and the Inquiry number provided in the email to e-file any additional documents you wish to present in support of your charge.

### **Additional Information Provided:**

Employer interfered with (b) (6), (b) (7)(C) protected rights, failed to accommodate employee.



UNITED STATES GOVERNMENT  
NATIONAL LABOR RELATIONS BOARD

REGION 8  
1240 E 9TH ST  
STE 1695  
CLEVELAND, OH 44199-2086

Agency Website: [www.nlrb.gov](http://www.nlrb.gov)  
Telephone: (216)522-3715  
Fax: (216)522-2418



Download  
NLRB  
Mobile App

November 21, 2019

University Hospitals  
11100 Euclid Ave  
Cleveland, OH 44106-1716

Re: University Hospitals  
Case 08-CA-252100

Dear Sir or Madam:

Enclosed is a copy of a charge that has been filed in this case. This letter tells you how to contact the Board agent who will be investigating the charge, explains your right to be represented, discusses presenting your evidence, and provides a brief explanation of our procedures, including how to submit documents to the NLRB.

**Investigator:** This charge is being investigated by Field Examiner ROBERTA MONTGOMERY whose telephone number is (216)303-7371. If this Board agent is not available, you may contact Supervisory Attorney GREGORY GLEINE whose telephone number is (216)303-7365.

**Right to Representation:** You have the right to be represented by an attorney or other representative in any proceeding before us. If you choose to be represented, your representative must notify us in writing of this fact as soon as possible by completing *Form NLRB-4701, Notice of Appearance*. This form is available on our website, [www.nlrb.gov](http://www.nlrb.gov), or from an NLRB office upon your request.

If you are contacted by someone about representing you in this case, please be assured that no organization or person seeking your business has any "inside knowledge" or favored relationship with the National Labor Relations Board. Their knowledge regarding this proceeding was only obtained through access to information that must be made available to any member of the public under the Freedom of Information Act.

**Presentation of Your Evidence:** We seek prompt resolutions of labor disputes. Therefore, I urge you or your representative to submit a complete written account of the facts and a statement of your position with respect to the allegations set forth in the charge as soon as possible. If the Board agent later asks for more evidence, I strongly urge you or your representative to cooperate fully by promptly presenting all evidence relevant to the investigation. In this way, the case can be fully investigated more quickly.

Full and complete cooperation includes providing witnesses to give sworn affidavits to a Board agent, and providing all relevant documentary evidence requested by the Board agent. Sending us your written account of the facts and a statement of your position is not enough to be considered full and complete cooperation. A refusal to fully cooperate during the investigation might cause a case to be litigated unnecessarily.

In addition, either you or your representative must complete the enclosed Commerce Questionnaire to enable us to determine whether the NLRB has jurisdiction over this dispute. If you recently submitted

this information in another case, or if you need assistance completing the form, please contact the Board agent.

We will not honor any request to place limitations on our use of position statements or evidence beyond those prescribed by the Freedom of Information Act and the Federal Records Act. Thus, we will not honor any claim of confidentiality except as provided by Exemption 4 of FOIA, 5 U.S.C. Sec. 552(b)(4), and any material you submit may be introduced as evidence at any hearing before an administrative law judge. We are also required by the Federal Records Act to keep copies of documents gathered in our investigation for some years after a case closes. Further, the Freedom of Information Act may require that we disclose such records in closed cases upon request, unless there is an applicable exemption. Examples of those exemptions are those that protect confidential financial information or personal privacy interests.

**Preservation of all Potential Evidence:** Please be mindful of your obligation to preserve all relevant documents and electronically stored information (ESI) in this case, and to take all steps necessary to avoid the inadvertent loss of information in your possession, custody or control. Relevant information includes, but is not limited to, paper documents and all ESI (e.g. SMS text messages, electronic documents, emails, and any data created by proprietary software tools) related to the above-captioned case.

**Prohibition on Recording Affidavit Interviews:** It is the policy of the General Counsel to prohibit affiants from recording the interview conducted by Board agents when subscribing Agency affidavits. Such recordings may impede the Agency's ability to safeguard the confidentiality of the affidavit itself, protect the privacy of the affiant and potentially compromise the integrity of the Region's investigation.

**Procedures:** Pursuant to Section 102.5 of the Board's Rules and Regulations, parties must submit all documentary evidence, including statements of position, exhibits, sworn statements, and/or other evidence, by electronically submitting (E-Filing) them through the Agency's web site ([www.nlr.gov](http://www.nlr.gov)). You must e-file all documents electronically or provide a written statement explaining why electronic submission is not possible or feasible. Failure to comply with Section 102.5 will result in rejection of your submission. The Region will make its determination on the merits solely based on the evidence properly submitted. All evidence submitted electronically should be in the form in which it is normally used and maintained in the course of business (i.e., native format). Where evidence submitted electronically is not in native format, it should be submitted in a manner that retains the essential functionality of the native format (i.e., in a machine-readable and searchable electronic format). If you have questions about the submission of evidence or expect to deliver a large quantity of electronic records, please promptly contact the Board agent investigating the charge.

If the Agency does not issue a formal complaint in this matter, parties will be notified of the Regional Director's decision by email. Please ensure that the agent handling your case has your current email address.

Information about the Agency, the procedures we follow in unfair labor practice cases and our customer service standards is available on our website, [www.nlr.gov](http://www.nlr.gov) or from an NLRB office upon your request. *NLRB Form 4541, Investigative Procedures* offers information that is helpful to parties involved in an investigation of an unfair labor practice charge.

We can provide assistance for persons with limited English proficiency or disability. Please let us know if you or any of your witnesses would like such assistance.

November 21, 2019

Very truly yours,

A handwritten signature in black ink, appearing to read 'IVA Y. CHOE', followed by a long horizontal line extending to the right.

IVA Y. CHOE  
Acting Regional Director

IC/rh

Enclosures:

1. Copy of Charge
2. Commerce Questionnaire

**QUESTIONNAIRE ON COMMERCE INFORMATION**

Please read carefully, answer all applicable items, and return to the NLRB Office. If additional space is required, please add a page and identify item number.

**CASE NAME**

University Hospitals

**CASE NUMBER**

08-CA-252100

**1. EXACT LEGAL TITLE OF ENTITY (As filed with State and/or stated in legal documents forming entity)****2. TYPE OF ENTITY**

[ ] CORPORATION [ ] LLC [ ] LLP [ ] PARTNERSHIP [ ] SOLE PROPRIETORSHIP [ ] OTHER (Specify )

**3. IF A CORPORATION or LLC**A. STATE OF INCORPORATION  
OR FORMATION

B. NAME, ADDRESS, AND RELATIONSHIP (e.g. parent, subsidiary) OF ALL RELATED ENTITIES

**4. IF AN LLC OR ANY TYPE OF PARTNERSHIP, FULL NAME AND ADDRESS OF ALL MEMBERS OR PARTNERS****5. IF A SOLE PROPRIETORSHIP, FULL NAME AND ADDRESS OF PROPRIETOR****6. BRIEFLY DESCRIBE THE NATURE OF YOUR OPERATIONS (Products handled or manufactured, or nature of services performed).****7. A. PRINCIPAL LOCATION:****B. BRANCH LOCATIONS:****8. NUMBER OF PEOPLE PRESENTLY EMPLOYED**

A. Total:

B. At the address involved in this matter:

**9. DURING THE MOST RECENT (Check appropriate box): [ ] CALENDAR YR [ ] 12 MONTHS or [ ] FISCAL YR (FY dates )**

YES NO

A. Did you **provide services** valued in excess of \$50,000 directly to customers outside your State? If no, indicate actual value.  
\$B. If you answered no to 9A, did you **provide services** valued in excess of \$50,000 to customers in your State who purchased goods valued in excess of \$50,000 from directly outside your State? If no, indicate the value of any such services you provided.  
\$C. If you answered no to 9A and 9B, did you **provide services** valued in excess of \$50,000 to public utilities, transit systems, newspapers, health care institutions, broadcasting stations, commercial buildings, educational institutions, or retail concerns? If less than \$50,000, indicate amount. \$D. Did you **sell goods** valued in excess of \$50,000 directly to customers located outside your State? If less than \$50,000, indicate amount. \$E. If you answered no to 9D, did you **sell goods** valued in excess of \$50,000 directly to customers located inside your State who purchased other goods valued in excess of \$50,000 from directly outside your State? If less than \$50,000, indicate amount.  
\$F. Did you **purchase and receive goods** valued in excess of \$50,000 from directly outside your State? If less than \$50,000, indicate amount. \$G. Did you **purchase and receive goods** valued in excess of \$50,000 from enterprises who received the goods directly from points outside your State? If less than \$50,000, indicate amount. \$H. **Gross Revenues** from all sales or performance of services (Check the largest amount)  
[ ] \$100,000 [ ] \$250,000 [ ] \$500,000 [ ] \$1,000,000 or more If less than \$100,000, indicate amount.I. Did you **begin operations within the last 12 months?** If yes, specify date: \_\_\_\_\_**10. ARE YOU A MEMBER OF AN ASSOCIATION OR OTHER EMPLOYER GROUP THAT ENGAGES IN COLLECTIVE BARGAINING?**

[ ] YES [ ] NO (If yes, name and address of association or group).

**11. REPRESENTATIVE BEST QUALIFIED TO GIVE FURTHER INFORMATION ABOUT YOUR OPERATIONS**

NAME

TITLE

E-MAIL ADDRESS

TEL. NUMBER

**12. AUTHORIZED REPRESENTATIVE COMPLETING THIS QUESTIONNAIRE**

NAME AND TITLE (Type or Print)

SIGNATURE

E-MAIL ADDRESS

DATE

**PRIVACY ACT STATEMENT**

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**UNITED STATES OF AMERICA**  
**BEFORE THE NATIONAL LABOR RELATIONS BOARD**

**UNIVERSITY HOSPITALS**

Charged Party

and

**(b) (6), (b) (7)(C), AN INDIVIDUAL**

Charging Party

**Case 08-CA-252100**

**AFFIDAVIT OF SERVICE OF CHARGE AGAINST EMPLOYER**

I, the undersigned employee of the National Labor Relations Board, state under oath that on November 21, 2019, I served the above-entitled document(s) by post-paid regular mail upon the following persons, addressed to them at the following addresses:

University Hospitals  
11100 Euclid Ave  
Cleveland, OH 44106-1716

November 21, 2019

\_\_\_\_\_  
Date

Regina Hibbitt, Designated Agent of  
NLRB

\_\_\_\_\_  
Name



\_\_\_\_\_  
Signature





UNITED STATES GOVERNMENT  
NATIONAL LABOR RELATIONS BOARD

REGION 8  
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CLEVELAND, OH 44199-2086

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Telephone: (216)522-3715  
Fax: (216)522-2418



Download  
NLRB  
Mobile App

November 21, 2019

(b) (6), (b) (7)(C)

Re: University Hospitals  
Case 08-CA-252100

Dear (b) (6), (b) (7)(C):

The charge that you filed in this case on November 20, 2019 has been docketed as case number 08-CA-252100. This letter tells you how to contact the Board agent who will be investigating the charge, explains your right to be represented, discusses presenting your evidence, and provides a brief explanation of our procedures, including how to submit documents to the NLRB.

**Investigator:** This charge is being investigated by Field Examiner ROBERTA MONTGOMERY whose telephone number is (216)303-7371. If this Board agent is not available, you may contact Supervisory Attorney GREGORY GLEINE whose telephone number is (216)303-7365.

**Right to Representation:** You have the right to be represented by an attorney or other representative in any proceeding before us. If you choose to be represented, your representative must notify us in writing of this fact as soon as possible by completing *Form NLRB-4701, Notice of Appearance*. This form is available on our website, [www.nlr.gov](http://www.nlr.gov), or from an NLRB office upon your request.

If you are contacted by someone about representing you in this case, please be assured that no organization or person seeking your business has any "inside knowledge" or favored relationship with the National Labor Relations Board. Their knowledge regarding this proceeding was only obtained through access to information that must be made available to any member of the public under the Freedom of Information Act.

**Presentation of Your Evidence:** As the party who filed the charge in this case, it is your responsibility to meet with the Board agent to provide a sworn affidavit, or provide other witnesses to provide sworn affidavits, and to provide relevant documents within your possession. Because we seek to resolve labor disputes promptly, you should be ready to promptly present your affidavit(s) and other evidence. If you have not yet scheduled a date and time for the Board agent to take your affidavit, please contact the Board agent to schedule the affidavit(s). If you fail to cooperate in promptly presenting your evidence, your charge may be dismissed without investigation.

**Preservation of all Potential Evidence:** Please be mindful of your obligation to preserve all relevant documents and electronically stored information (ESI) in this case, and to take all steps necessary to avoid the inadvertent loss of information in your possession, custody or control. Relevant information includes, but is not limited to, paper documents and all ESI (e.g. SMS text messages, electronic documents, emails, and any data created by proprietary software tools) related to the above-captioned case.

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If the Agency does not issue a formal complaint in this matter, parties will be notified of the Regional Director's decision by email. Please ensure that the agent handling your case has your current email address.

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We can provide assistance for persons with limited English proficiency or disability. Please let us know if you or any of your witnesses would like such assistance.

Very truly yours,

A handwritten signature in black ink, appearing to read 'IVA Y. CHOE', with a long horizontal line extending to the right.

IVA Y. CHOE  
Acting Regional Director

IC/rh



UNITED STATES GOVERNMENT  
NATIONAL LABOR RELATIONS BOARD

REGION 8  
1240 E 9TH ST  
STE 1695  
CLEVELAND, OH 44199-2086

Agency Website: [www.nlr.gov](http://www.nlr.gov)  
Telephone: (216)522-3715  
Fax: (216)522-2418

Agent's Direct Dial: (216)303-7371

November 22, 2019

(b) (6), (b) (7)(C)

Re: University Hospitals  
Case 08-CA-252100

Dear (b) (6), (b) (7)(C)

As the investigator assigned to these cases, I have attempted to reach you to schedule an appointment with you for the purpose of receiving your affidavit testimony and any evidence in support of the above charge filed.

The Regional Director's letter to you, which you received with the charge informed you that your failure to support your charge with affidavits and other documentary evidence may result in your charge being dismissed for lack of cooperation.

This letter is to inform you that your failure to schedule an appointment with me may result in the dismissal of your charges unless all of the evidence in your possession, including documentary and affidavit testimony, is submitted to the undersigned before the close of business on **Monday, December 2, 2019**.

While I regret the imposition of this deadline, it is necessary so that I can complete the investigation in a timely manner. If you have decided that you no longer wish to proceed with this matter, I have enclosed, for your convenience, a Withdrawal Request form. Please sign, date and return to this office by fax to (216) 522-2418 or by mail. If you have any questions, please contact me at (216) 303-7371.

Very truly yours,

*/s/ Roberta Montgomery*

ROBERTA MONTGOMERY  
Field Examiner

---

**From:** (b) (6), (b) (7)(C)  
**Sent:** Friday, November 22, 2019 1:27 PM  
**To:** Montgomery, Roberta  
**Subject:** Re: LTR.08-CA-252100.Letter Deadline.pdf

Roberta-

I regretfully could not answer your call earlier because I am at work. Can I give you a call at 4:30 this afternoon to schedule an appointment with you?

(b) (6), (b) (7)(C)

On Fri, Nov 22, 2019 at 10:42 AM Montgomery, Roberta <[Roberta.Montgomery@nlrb.gov](mailto:Roberta.Montgomery@nlrb.gov)> wrote:

*Roberta A. Montgomery, Field Examiner*

*National Labor Relations Board*

*1695 AJC Federal Office Building*

*1240 E. 9<sup>th</sup> Street*

*Cleveland, Ohio 44199*

[roberta.montgomery@nlrb.gov](mailto:roberta.montgomery@nlrb.gov)

Direct Dial: (216) 303-7371/cell: (202) 674-0840

Facsimile: (216) 522-2418

*The NLRB requires all parties file documents electronically through our online E-File system.*

---

**From:** Montgomery, Roberta  
**Sent:** Friday, December 13, 2019 4:06 PM  
**To:** (b) (6), (b) (7)(C)  
**Subject:** RE: LTR.08-CA-252100.Letter Deadline.pdf

I have attempted to reach you several times and your mailbox is full. Please call me to schedule an appointment for you to provide an affidavit. As I indicated when I spoke to you, if this matter deals with discrimination because of a (b) (6), (b) (7)(C)  
(b) (6), (b) (7)(C)

I will be out of the office until sometime during the week of January 6, 2020.

*Roberta A. Montgomery, Field Examiner  
National Labor Relations Board  
1695 AJC Federal Office Building  
1240 E. 9<sup>th</sup> Street  
Cleveland, Ohio 44199*

[roberta.montgomery@nlrb.gov](mailto:roberta.montgomery@nlrb.gov)

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**Subject:** Re: LTR.08-CA-252100.Letter Deadline.pdf

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(b) (6), (b) (7)(C)

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*Roberta A. Montgomery, Field Examiner*

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Telephone: (216)522-3715  
Fax: (216)522-2418

Agent's Direct Dial: (216)303-7371

January 16, 2020

(b) (6), (b) (7)(C)

Re: University Hospitals  
Case 08-CA-252100

Dear (b) (6), (b) (7)(C):

On November 22, 2019 you were sent a letter giving you a deadline of December 2, 2019 to provide evidence to support the charge in this matter. I have attempted to leave you messages on your phone on November 22, 2019; December 6, 2019; December 12, 2019 and December 13, 2019 but was unable to do so since your mailbox was full and not accepting any new messages.

On January 7, 2020 I left a message giving you a final deadline of January 15, 2020 to provide your evidence to support the charge.

If your evidence has not been received by close of business on Thursday January 23, 2020, I will recommend that your charge be dismissed for lack of cooperation.

If you have decided that you no longer wish to proceed with this matter, please send me an e-mail indicating you wish to withdraw the charge, or complete the Withdrawal Request form that you have been sent and return to this office. If you have any questions, please contact me at (216) 303-7371.

Very truly yours,  
*/s/ Roberta Montgomery*  
ROBERTA MONTGOMERY  
Field Examiner

---

**From:** (b) (6), (b) (7)(C)  
**Sent:** Tuesday, January 21, 2020 9:29 PM  
**To:** Montgomery, Roberta  
**Subject:** Re: LTR.08-CA-252100.Letter Deadline.pdf

Apologies for the delayed response. Thank you for your repeated follow-up. I have contacted (b) (6), (b) (7)(C) and no longer wish to proceed with this matter with the NLRB.

(b) (6), (b) (7)(C)

On Fri, Dec 13, 2019 at 4:05 PM Montgomery, Roberta <[Roberta.Montgomery@nrlb.gov](mailto:Roberta.Montgomery@nrlb.gov)> wrote:

I have attempted to reach you several times and your mailbox is full. Please call me to schedule an appointment for you to provide an affidavit. As I indicated when I spoke to you, if this matter deals with discrimination because of a

(b) (6), (b) (7)(C)

I will be out of the office until sometime during the week of January 6, 2020.

*Roberta A. Montgomery, Field Examiner*

*National Labor Relations Board*

*1695 AJC Federal Office Building*

*1240 E. 9<sup>th</sup> Street*

*Cleveland, Ohio 44199*

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*1240 E. 9<sup>th</sup> Street*

*Cleveland, Ohio 44199*

*[roberta.montgomery@nlrb.gov](mailto:roberta.montgomery@nlrb.gov)*

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Facsimile: (216) 522-2418

*The NLRB requires all parties file documents electronically through our online E-File system.*

NATIONAL LABOR RELATIONS BOARD

NOTICE OF APPEARANCE

(b) (6), (b) (7)(C)
Individual
and
University Hospitals, Respondent

CASE 08-CA-252100

☒ REGIONAL DIRECTOR

☐ EXECUTIVE SECRETARY  
NATIONAL LABOR RELATIONS BOARD  
Washington, DC 20570

☐ GENERAL COUNSEL  
NATIONAL LABOR RELATIONS BOARD  
Washington, DC 20570

THE UNDERSIGNED HEREBY ENTERS APPEARANCE AS REPRESENTATIVE OF \_\_\_\_\_  
University Hospitals

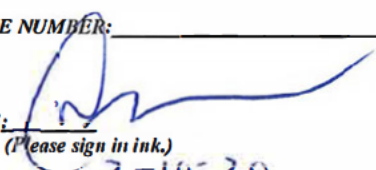
IN THE ABOVE-CAPTIONED MATTER.

CHECK THE APPROPRIATE BOX(ES) BELOW:

☐ REPRESENTATIVE IS AN ATTORNEY

☒ IF REPRESENTATIVE IS AN ATTORNEY, IN ORDER TO ENSURE THAT THE PARTY MAY RECEIVE COPIES OF CERTAIN DOCUMENTS OR CORRESPONDENCE FROM THE AGENCY IN ADDITION TO THOSE DESCRIBED BELOW, THIS BOX MUST BE CHECKED. IF THIS BOX IS NOT CHECKED, THE PARTY WILL RECEIVE ONLY COPIES OF CERTAIN DOCUMENTS SUCH AS CHARGES, PETITIONS AND FORMAL DOCUMENTS AS DESCRIBED IN SEC. 11842.3 OF THE CASEHANDLING MANUAL.

(REPRESENTATIVE INFORMATION)

Douglas G. Smith	
NAME:	_____
MAILING ADDRESS:	Jackson Lewis P.C., 1001 Liberty Avenue, Suite 1000, Pittsburgh, PA 15222
E-MAIL ADDRESS:	douglas.smith@jacksonlewis.com
OFFICE TELEPHONE NUMBER:	412-232-0404
CELL PHONE NUMBER:	_____
FAX:	412-232-3441
SIGNATURE:	
DATE:	(Please sign in ink.) 2-10-20

<sup>1</sup> IF CASE IS PENDING IN WASHINGTON AND NOTICE OF APPEARANCE IS SENT TO THE GENERAL COUNSEL OR THE EXECUTIVE SECRETARY, A COPY SHOULD BE SENT TO THE REGIONAL DIRECTOR OF THE REGION IN WHICH THE CASE WAS FILED SO THAT THOSE RECORDS WILL REFLECT THE APPEARANCE.



UNITED STATES GOVERNMENT  
NATIONAL LABOR RELATIONS BOARD

REGION 8  
1240 E 9TH ST  
STE 1695  
CLEVELAND, OH 44199-2086

Agency Website: [www.nlrb.gov](http://www.nlrb.gov)  
Telephone: (216)522-3715  
Fax: (216)522-2418

January 24, 2020

University Hospitals  
11100 Euclid Ave  
Cleveland, OH 44106-1716

Re: University Hospitals  
Case 08-CA-252100

Dear Sir or Madam:

This is to advise you that I have approved the withdrawal of the charge in the above matter.

Very truly yours,

A handwritten signature in cursive script, reading "Nora McGinley", is positioned above the typed name.

NORA F. MCGINLEY  
Acting Regional Director

cc:

(b) (6), (b) (7)(C)  
A large black rectangular redaction box covers the names of the individuals in the cc line.